FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

13	140	84		
ON	18 APPR			
OMB Nu	mber:	3235-0076		
Expires:				
Estimated average burden				
hours pe	r respon	se 16.00		

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					
1	1				

Name of Offering (check if this is an amendment and name has changed, and indicate change.) PCM L.P. changed to PCM Long/Short Equity L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE Wall Processing Section
A. BASIC IDENTIFICATION DATA	SEP 10 2008
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	Washington, DC
PCM L.P. changed to PCM Long/Short Equity L.P.	103
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
root main out of care out of manager only more out of the	816-531-1101
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Private investment company limited partnership utilizing a multi-manager, multi-strategy investment approach. Company imited partnership utilizing a multi-manager, multi-strategy investment approach. Company investment approach approach of the limited partnership will generally be invested in limited entities managed by portfolio managers, or in other entities that effocate their assets amoung portfolio managers.	ne limited partnership will be divided amoung a select group of portfold partnerships, joint ventrues and other invesment companies and s
Type of Business Organization corporation business trust Imited partnership, already formed other (partnership, to be formed other (partnership, to	crosse specify):
Actual or Estimated Date of Incorporation or Organization: Month Year	nated
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20.	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only repo thereto, the information requested in Part C, and any material changes from the information previously supple not be filed with the SEC.	rt the name of the issuer and offering, any changes lied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim fo accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	xemption. Conversely, failure to file the ess such exemption is predictated on the

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Executive Officer Check Box(es) that Apply: Beneficial Owner Director Promoter Managing Partner Full Name (Last name first, if individual) **PCM LLC** Business or Residence Address (Number and Street, City, State, Zip Code) 4801 Main Street, Suite 520, Kansas City, Missouri 64112 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Kaufman, Brian N. Business or Residence Address (Number and Street, City, State, Zip Code) 4801 Main Street, Suite 520, Kansas City, Missouri 64112 General and/or Promoter Beneficial Owner ✓ Executive Officer Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Krizek, Curtis A. Business or Residence Address (Number and Street, City, State, Zip Code) 4801 Main Street, Suite 520, Kansas City, Missouri 64112 Check Box(es) that Apply: Beneficial Owner ✓ Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Schneider, Robyn Business or Residence Address (Number and Street, City, State, Zip Code) 920 York Road, Suite 350; Hinsdale, IL 60521 Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Г					В. Г.	NFORMATI	ION ABOU	T OFFERI	NG				
	to the state of th							Yes	No				
I.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								X				
2.								s	<u></u>				
									Yes	No			
3.													
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	Full Name (Last name first, if individual)												
Bu	siness or	Residence	Address (N	lumber and	i Street, Ci	ty, State, Z	ip Code)						
Nai	me of Ass	sociated Bi	roker or De	aler									
Sta			Listed Has									·	
	(Check	"All States	s" or check	individual	States)					*******		☐ Al	l States
	AL	AK	AZ	ĀR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)													
Na	Name of Associated Broker or Dealer												
Sta			Listed Has										
(Check "All States" or check individual States)								l States					
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	Il Name (Last name	first, if ind	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
		1 . 10											
Na	me of As:	sociated Bi	roker or De	aier									
Sta	ites in Wh	nich Persor	1 Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check "All States" or check individual States)													
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL_ MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	S	\$
	Equity	S	S
	Common Preferred		
	Convertible Securities (including warrants)	5	\$
	Partnership Interests	200,000,000.00	\$_104,411,796.00
	Other (Specify)		
	Total	200,000,000.00	\$ 104,411,796.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	94	<u>\$ 104,411,796.00</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix. Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	_	s
	Legal Fees	_	\$
	Accounting Fees	_	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) Filing Fees	_	s 1,510.00
	Total	_	\$ 1,510.00
	• VIVI	······································	

	C. OFFERING PRICE, NUMBE	CR OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Q proceeds to the issuer."	uestion 4.a. This difference is the "adjusted gro	SS	199,998,490.00
5.	Indicate below the amount of the adjusted gross proceed of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate ar he payments listed must equal the adjusted gro	nd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🗸 \$_750,000.00	\$
	Purchase of real estate		🔲 \$	\$
	Purchase, rental or leasing and installation of machinand equipment	inery	🗆 \$	\$
	Construction or leasing of plant buildings and facili	ities	🔲 \$	<u></u> \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	s or securities of another	□\$	□\$
	Repayment of indebtedness		_	
	Working capital			
	Other (specify): Investments			
			- 🔲 \$	\$
	Column Totals		7 \$ 750,000.00	\$ 199,248,490.0
	Total Payments Listed (column totals added)			99,998,490.00
		D. FEDERAL SIGNATURE	· · · · · · · · · · · · · · · · · · ·	
ig	e issuer has duly caused this notice to be signed by the u nature constitutes an undertaking by the issuer to furn information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Comm	nission, upon writte	
SS	uer (Print or Type)	Signature / / /	Date	
P	CM L.P. changed to PCM Long/Short Equity L.P.	To Challe	9-8-08	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	<u>. </u>	
C	M LLC, General Partner By: Tim Hatty, Vice President	Vice President of the General Partner		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		K

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature ////	Date
PCM L.P. changed to PCM Long/Short Equity L.P.	Treffelly	9-8-08
Name (Print or Type)	Title (Print or Type)	
PCM LLC, General Partner By: Tim Hatty, Vice President	Vice President of the General Partner	

END

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.